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ABSTRACT

A physical education evaluation was constructed which was flexible enough to measure the varying degrees of retardation. Validity was determined by submitting the test to a jury of experts. Reliability was ascertained by administering the same test to the same students three times with two week intervals between testing. Objectivity was determined by having three individuals score the test. Eye Hand Coordination, Eye Feet Coordination, Balance, Agility, Static Leg Strength, Static Trunk Strength, Explosive Strength, and Extent Flexibility were measured. (MV)

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A PHYSICAL EDUCATION EVALUATION FOR THE MENTALLY RETARDED

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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INTRODUCTION

Until recent times retarded citizens have been ignored in the American society. Accordingly there are many areas in the realm of retardation that have not been developed significantly. This is certainly a sad state of affairs. Progress is now "snowballing". State and Federal funds are making possible activities that were unheard of only a few years ago. The future appears increasingly optimistic for our retarded citizens.

Statement of the Problem

The problem is the lack of physical education evaluation devices for the mentally retarded. The sub-problems that were part of the investigation were:

1. Observations of the students as they performed their tasks.
2. The subjectivity of the observations.

Purpose of the Study

The purpose of the study was to construct a physical education evaluation that was flexible enough to measure the varying degrees of retardation.

Need for the Study

This study was important because it was needed to classify students at the Laconia State School. There are extremely few evaluative devices used in physical education for the retarded. These that are in use are appropriate for higher grade residents only, while the bulk of institutional retardates is always the severely and profoundly retarded. A device was needed that could measure the low grade residents.

as well as the higher grade residents.

Justification of physical education for the retarded had to be empirically substantiated. Reasons for having a program to evaluate had to be drawn up.

Basic Assumptions

1. The perception of the evaluator is accurate.

2. The classifications of the degrees of retardation are accurate.

Review of Related Literature

In 1892 institutions for the retarded first employed physical education activities because they believed in the therapeutic values of the activities. This slowly took hold until 1931 when a regular program included physical education and recreation. Shortage of funds, tradition and lack of staff kept programs of this nature from developing. Bertha Schletter developed a very progressive program in Lincoln, Illinois at the state school about this time.[1]

In Rome around the turn of the century, Marje Montesseri used tactual bodily activities for locomotor development. She attempted to improve the balance of young children in line walking tables. As a medium of teaching arithmetic she employed strenuous games.[2]

In the early part of the nineteenth century French Educators used

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[1] The Best of Challenge, American Association For Health Physical Education And Recreation, A National Affliate of the National Education Association, 1201 Sixteenth Street, N.W., Washington D.C., pg.7.

[2] The SPECIAL OLYMPICS: A National Opinion Survey, 1972 Bryant J. Cratty, Ed.D., Department of Physical Education, University of California, Los Angeles, pg.1.

sensory-motor tasks as part of their project to enhance the ability of different degrees of retardates to function. This was one of the first times a philosophy was implemented with normal children and retardates at the same time.[3]

Public schools began to take hold of the problem around 1920. This progressed slowly until 1965 when the Illinois Legislature established classes for retardates.[4] Since that time classes have developed significantly; however the surface has only been scratched.

The American Association for Health, Physical Education, and Recreation developed a Mental Health Section in 1958. This was done because they believed in the strong relationship between physical and mental health.[5] Currently this association is the basic source of knowledge for physical education for the retarded.

Physical education offers such a wide scope of activities that every individual, regardless of his age, degree of retardation, abilities or disabilities, or previous experience, can find areas in which he is interested and can succeed. This is of course assuming the activities are consistent with the participant's interests, abilities and capabilities.[6]

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[3] Ibid., pg.2.

[4] The Best of Challenge, American Association For Health, Physical Education And Recreation, A National Affiliate of the National Education Association, 1201 Sixteenth Street, N.W., Washington, D.C., pg.8.

[5] Ibid., pg.9.

[6] A Guide for Programs in Recreation and Physical Education for the Mentally Retarded, American Association for Health, Physical Education And Recreation, A National Affiliate for the National Education Association, 1201 Sixteenth Street, N.W., Washington, D.C., pg.4.

The retardate has unique need for recreation because he is usually among the socially deprived. Invariably he has been denied adequate opportunities for personal and social development that would help him face whatever world he will live in.[7]

Rehabilitation workers have said; "No handicapped person is rehabilitated until he confronts a real life social situation where he is expected to put into practice the skills in which he has been trained."[8] Physical education offers live situations, which, for many retardates, represents their only opportunity for actual participation and interaction with others.

Many retardates knew frustration and failure all their lives therefore special consideration must be given to the retarded. These people do not play spontaneously or innovate as normal children. Games may teach formation, discipline, cooperation, as well as skill. In their listless lives, the fun of activity can be an end in itself.[9]

The importance of physical education for the retarded can be seen in the basic aim of the physical education program, social adjustment adequate for living in the world. The flavor of our competitive

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[7] Recreation for Retarded Teenagers and Young Adults, Bernice, Wells, Carlson and David R. Gingland, 1968 Abingdon Press, Nashville Tennessee, pg. 23.

[8] Recreation for Retarded Teenagers and Young Adults, Bernice Wells, Carlson and David R. Gingland, 1968 Abingdon Press, Nashville Tennessee, pg.24.

[9] The Best of Challenge, American Association For Health, Physical Education And Recreation, A National Affiliate of the National Education Association, 1201 Sixteenth Street N.W., Washington D.C., pg.9.

society can be tested in physical education. The ability to deal with the dog eat dog world can be developed there.[10]

Physical education provides an excellent stage for total development. The children can develop membership concepts in an activity in which all people engage. Self-expression can be achieved through recreational pursuits.[11] Achievement can be realized; a value they otherwise might never know.

Balance, speed, timing, and reasoning are all taught through the task of having to move. This movement can be a self-progressing activity. Abstraction conception in the following areas is of great value; discipline, following instructions, attributes of sportsmanship, number recognition, awareness of distance and understanding of time concepts.[12]

The number of retarded children that have been able to return to regular classes from special classes has doubled since the introduction of physical education to the curriculm, in the Boston Public Schools.[13]

After the introduction of good physical education in their schools; teachers and parents reported large gains in behavior both at home and in the schools. In a Texas study everyone involved noticed significant improvement in "classroom work habits and performance" of retardates in

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[10] Ibid, pg.11.

[11] Programming For The Mentally Retarded, American Association For Health, Physical Education And Recreation, A National Affiliate of the National Education Association, 1201 Sixteenth Street N.W., Washington D.C., pg.24.

[12] Ibid, pg.32.

[13] Ibid, pg. 47.

an experimental group. They felt the greatest difference was in the children's determination to do difficult tasks, both intellectual and motor.[14]

The basis of educating and training the retarded can be physical education. Participation in a regular program can become the motivation, the "trigger" that provides impetus for larger understanding in academic areas and other challenging situations.[15]

The most valuable outcomes are not necessary immediately visible. They occur in the retardates mind and spirit when he senses accomplishment.[16]

A direct correlation between motor proficiency and physical education instructional time was found. Scientific research states that retarded people can equal or surpass the performance demonstrated by normal children. A vigorous physical education program can bring about extreme changes in retardates. England, Canada, and the United States have empirically proven this. Some children doubled their endurance and strength in just a half a year's time.[17]

"Recent scientific research has shown that physical activities, sports

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[14] Ibid, pg. 84.

[15] A Guide for Programs in Recreation and Physical Education for the Mentally Retarded, American Association For Health, Physical Education And Recreation, A National Affiliate of the National Education Association, 1201 Sixteenth Street N.W., Washington D.C., pg.6.

[16] Special Olympics: A Guide For Local Programs, Joseph F. Kennedy Jr. Foundation, Suite 205, 1701 K Street, N.W., Washington D.C., pg.1.

[17] Ibid, pg. 25.

> and competitive athletics are a major means of reducing the retarded. Here is an area where he can succeed and start building a positive self-image, gaining confidence and self-mastery as well as physical development. As a child improves his performance in the gymnasium and on the playing field, he also improves his performance in the classroom, at home and eventually on the job.[18]

Many retarded citizens have no opportunity to manifest their inner conflicts. Groups of friends are difficult for them to find.[19] Physical education classes provide the medium for filling this human need.

It has been empirically shown that when an individual suffers from a major handicap he quite often will be affected by other handicaps both sensory and physical. The therapy that they receive is generally based on their major handicap.[20]

> "The handicapped child's problem is fundamentally a health problem and the only way he can benefit from the training and interest of the school doctor, school nurse, clinic, private physician, and the special centers set up for his care is to have them all acquainted with his particular and highly individual problem."[21]

Procedure

It is difficult to assess the degree of physical fitness because it takes into account so many related variables; cardiovascular,

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[18] New Hampshire Special Olympics, statement of purpose, Joseph P. Kennedy Jr. Foundation.

[19] The Journal of School Health, Richard L. Stafford and Roger J. Meyes, Vol. XXXVII No.3, March 1968, pg.162.

[20] The Journal of School Health, Leland M. Carliss, Vol. XXXVII No.3., March 1967, pg. 116.

[21] The Journal of School Health, Ursula M. Andersen, Marcella F. Farin, Vol. XXXVI No. 8., Oct. 1966. pg.362.

respiratory and motor fitness are all somewhat dependent upon each other making separate evaluations a difficult task. An accurate measure of physical fitness also requires an all out effort on the part of the people examined. This is sometimes difficult to attain.[22]

Precise measuring instruments like tensiometers, flexometers and electregeniometers were not employed. Although these devices were considered to be highly desirable their availability was nonexistent.

Validity was determined by submitting the test to a jury of experts. Dr. Douglas C. Wiseman, Chairman Department of Physical Education at Plymouth State College, Plymouth New Hampshire, Harriet F. Stone State Consultant of Health and Physical Education, Concord New Hampshire and Emilie DeBrame, Director of Health and Physical Education Mamaroneck Public Schools Mamaroneck, New York were asked to evaluate the validity of the test. A copy of the cover letter and reply card appear on pages

Reliability was ascertained by administering the same test to the same students three times with two week intervals between testing.

Objectivity was determined by having three individuals score the test. Mr. Micheal Quinn, Director of Recreation and Alan Robichaud Recreation Coordinator, both of the Laconia State School as well as the author took part in the scoring.

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[22] The Seventh Mental Measurements Year Book, Oscar Krisan Buros, Vol. 1, Gryphon Press, Highland Park, N.Y., Lockhart, pg. 596.

Measuring Devices

Eye Hand Coordination

Equipment: Six bean bags, one target toss (plywood board with five holes varying in circumference from 8 inches to two feet), and two regulation basket balls.

Procedure: The severe and profoundly retarded had ten attempts to throw the bean bags through the holes in the plywood board. If they did understand their arms were moved through a kinesthetic patterning process until they threw at the board. Bright colors on the board aided the attention span and interest. Capable retardates attempted ten foul shots at a regulation basket receiving one point for each basket. I have invented a teaching method that has worked well in shooting baskets. A rim that is not attached to anything is handed to the children. They look at it then one child holds it out at chest height. The teacher points to his eyes and then touches the front of the rim. Staring at the basket he drops the ball over the hoop. Seventy percent of the shots that are missed hit the front rim. This method gives them the idea of where to aim to get the ball over the front rim.

Eye Foot Coordination

Equipment: Ten rubber tires staggered in a line.

Procedure: The teacher demonstrates running through the tires stepping inside them without touching the rims. The children are given ten points when they start. One point is taken away for each tire that they touch regardless of how many times they touch the individual tire.

Balance

Equipment: An adapted balance beam which is only a few inches off the ground.

Procedure: The teacher demonstrates the performance by walking the length of the beam, turning and walking back. The child is given ten initial points. One point is subtracted for each time that he touches the floor. The severely and profoundly retarded can be encouraged by standing directly in front of them holding their elbows placing their hands on the inside of your elbow joints. This gives them added balance as you walk backwards coaxing them to walk the beam.

Agility

Equipment: Side horse, Swedish box, adapted balance beam, mini tramp, trampoline vaulting horse, spring board, hula hoop, horizontal bar, rope.

Procedure: Agility was determined by running an obstacle course. The stations were set up in progressive difficulty. There was no time limit because some children had to be assisted in going from station to station. A point was given for each obstacle that they completed, maximum score being ten.

They started by crawling on their hands and knees through the hula hoop then did a series of leg rolls under the trampoline. The third station was an adapted balance beam. Next, the children had to climb over a side horse, then the Swedish box. Bounding off the spring board they went to the mini tramp. From there they swung from the horizontal bar to the rope ending by vaulting the buck.

Static Arm Strength

Equipment: Stopwatch

Procedure: The students simply assumed the half-push up position and held it for as long as they could. It was mandatory that the back and legs remain straight.

A small pilot was administered to ten students of known physical fitness to determine a starting place for awarding points. One point was given for each two seconds that the position was held with ten being the maximum awarded. If the student remained in the position for less than a two full second interval no points were given.

Static Leg Strength

Equipment: Stopwatch

Procedure: The students assumed the half-squat position and held it for as long as they could. The back had to stay as vertical as possible. All students had to hold their hands on their hips.

Again a small pilot was administered to ten students of known physical fitness to determine a starting place for awarding points. One point was given for each three seconds that the position was held with ten being the maximum awarded. If the student remained in the position for less than a full three second interval no points were given.

Static Trunk Strength

Equipment: Stopwatch

Procedure: This measurement was taken much like the static arm strength and static leg strength measurements. The retardates assumed the half-sit up position and helf it for as long as they could. The hands were held behind the head and the feet were held down by an assistant.

For the third time a small pilot was administered to ten students of known physical fitness to determine a starting place for awarding points. One point was given for each two seconds that the position was held with ten being the maximum awarded. If the student remained in the position for less than a two full second interval no points were given.

Explosive Strength

Equipment: Five regulation soft balls, tape measure and five stake markers.

Procedure: This score is concerned with distance. Maximum distance can only be attained through throwing at a forty-five degree angle. This can be taught by having the child aim at a distant object such as a point on a building or tree. For the tester to determine forty-five degrees he can stand at the base of a building and the ground. The child stands at the back of a six feet throwing area. He runs to the front line throwing all his might at a 45^0 angle. Three throws are allowed. The distance measured is the area from the throwing line to the point where the ball lands. The final score is the longest threw to the nearest feet. underhanded side arm throws are not allowed; only overhand is permissable.

Standards for distance were taken from the Special Fitness Test Manual for the Mentally Retarded. Norms were given in feet for appropriate ages, eight to eighteen. For the purposes of this test participants under eight were considered to be eight and those over eighteen were considered to be eighteen.

The norms were:

Girls		Boys	
Age	Softball threw in ft.	Age	Softball threw in ft.
8	27	8	43
9	34	9	58
10	41	10	66
11	46	11	80
12	56	12	95
13	57	13	104
14	63	14	112
15	65	15	137
16	67	16	154
17	62	17	159
18	61	18	159

For attaining the norm each participant was given seven points. For each additional ten feet another point was given: for each ten feet short of the norm one point was taken away.

Extent Flexibility

Equipment: Yard stick, the author recommends an adapted yard stick with a base that forms right angles with the floor.

Procedure: This measurement was broken into three parts: back extension flexibility: back flexion flexibility and outward rotation shoulder flexibility. Students were given warm up exercises prior to taking the test.

The back extension flexibility measurement must be taken quickly. The retardate assumes the prone position with his hands held behind his neck. Another student or teacher assistant sits just behind the buttocks of the person being tested with his legs straddling the legs of the testee in the "riding" position. The assistant holds down the feet and hips.

The individual being examined raises his chin as far up from the floor as he can without any bobbing or jerking. Quickly the examiner measures the distance from the chin to the floor with the yard stick forming a right angle with the ground.

The norms for back extension flexibility were taken from Hayden's Physical Fitness for the Mentally Retarded.[23] They were given for boys and girls ages eight to seventeen. For the purpose of this test individuals under eight years of age were compared with norms for eight year olds and those over seventeen were compared with the norms of the seventeen year olds. Three points were given for attempting the test. The remaining points given were for the level of achievement according to Hayden.

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[23] Physical Fitness for the Mentally Retard, Metropolitan Toronto Association for Retarded Children, 1964.

METROPOLITAN TORONTO ASSOCIATION FOR
RETARDED CHILDREN PHYSICAL FITNESS RATING

Boys	8-9	10-11	12-13	14-15	16-17	Points Awarded
	21.0	23.0	27.0	29.0	32.0	10
Excellent	20.0	22.0	25.5	27.5	30.5	
	19.0	21.0	24.5	26.0	28.5	
	18.0	20.0	23.0	24.5	27.0	
Very Good	17.0	19.0	22.0	23.0	25.0	9
	16.0	18.0	20.5	21.5	23.5	
	15.0	17.0	19.0	20.0	22.0	
Good	14.0	16.0	18.0	18.5	20.0	8
	13.0	15.0	16.5	17.0	18.5	
	12.0	14.0	15.5	15.5	16.5	
Average	11.0	13.0	14.0	14.0	15.0	7
	10.0	12.0	12.5	12.5	13.5	
	9.0	11.0	11.5	11.0	11.5	
Below	8.0	10.0	10.0	9.5	10.0	6
Average	7.0	9.0	9.0	8.0	8.0	
	6.0	8.0	7.5	6.5	6.5	
Poor	5.0	7.0	6.0	5.0	5.0	5
	4.0	6.0	5.0	3.5	3.0	
	3.0	5.0	3.5	2.0	1.5	
Very Poor	2.0	4.0	2.5	.5	.0	4
	1.0	3.0	1.0	.0	.0	

Extent Flexibility

Outward Rotation Shoulder Flexibility

Equipment: Yardstick

Procedure: The student stands erect holding one hand back at scapula height touching the ninety degree angle formed by two walls intersecting (corner of a room). He reaches back with his free hand keeping both elbows straight and touches the wall with his index finger as close to his stationary hand as possible. The measurement is taken in inches from the point touched to the corner of the wall. A pilot sample was

administered to twenty students of known physical fitness to determine a starting place for awarding points. The following scale was created.

Inches Between Hands	Points Awarded
20"	10
22"	9
24"	8
26"	7
28"	6
30"	5
32"	4
34"	3
36"	2
38"	1

Equipment: Ruler

Procedure: The student stood erect holding the ruler between his ankles. Keeping his legs straight he leaned over attempting to touch the floor with his palms for a maximum amount of points. Bobbing and jerking are not permissible. Hayden's[24] rating scale was used to determine the amoutn of points given for performance.

	Points
Palms touching floor	10
Fists touching floor	8
Fingertips touching floor	6
Fingertips touching toes	5
Fingertips 0" to 2" above floor	4
Fingertips 2" to 4" above floor	3
Fingertips 4" to 6" above floor	2
Fingertips 6" to 8" above floor	1

The final score for Extent Flexibility was found by averaging the three scores. Back extension, back flexion, and outward shoulder rotation scores were added together and divided by three to obtain the final Extent Flexibility Score.

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[24] Ibid.

Dynamic Flexibility

Equipment: Ruler

Procedure: The student assumes the upright position holding the ruler between the ankles, the same as in the previous test. He bobs and jerks attempting to touch as low as possible. The score is determined by the number of inches attained beyond the Extent Flexibility measure. One point is given for each of these inches up to ten.

Cardio-Respiratory Fitness

Equipment: Several benches twenty and eighteen inches high, horizontal bars for handholds.

Procedure: Large male adolescents and men used the twenty inch size while smaller male adolescents and women employed the eighteen inch size. The student stands erect in front of the bench. At the signal he steps up onto the floor. This action is repeated for five minutes for males and four minutes for females. If the student fails to last the full four or five minutes his time is recorded in seconds. The maximum number of seconds for a four minute participant is two hundred and forty; a five minute participant could record three hundred seconds.

At the completion of the time period the student sits on the floor. The pulse is taken at the carteid artery by palpation, 1 to 1 1/2, 2 to 2 1/2 and 3 to 3 1/2 minutes after the stepping ceases.

The efficiency of the heart and lungs is determined by the following formula: $\frac{\text{Duration of exercise in seconds X 100}}{\text{2 X sum of pulse counts in recovery}}$

The norms used were arranged by Lucien Brouha[25] on the basis of 8,000 tests of college students. Clarke[26] employed the same norms for evaluation 296 college women at Radcliffe.

Below 55 = Poor physical condition
From 55 to 64= Low average
From 65 to 79= High average
From 80 to 89= Good
Above 90 = Excellent

Points awarded were as follows:

10 = 90-
9 = 86-89
8 = 82-85
7 = 78-81
6 = 72-75
5 = 66-69
4 = 62-65
3 = 56-59
2 = 50-53
1 = 46-49

Cooperation was a totally subjective measure. The scoring ranged from those who would not do anything to those who wanted to do more. Average cooperation was assumed to be seven points.

Self control was also a totally subjective measure. It was based on how the retardate conducted himself on the way to and from the test area; during the test, with the other students, and with the teacher. Average self control was assumed to be seven points...

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[25] "The Step Test": A Simple Method of Measuring Physical Fitness for Muscular Work in Young Men, Lucien Brouha, Research Quarterly, 14, No.1 (March 1943), pg.31.

[26] "A Functional Physical Test for College Women, Harriet L. Clarke, Journal of Health and Physical Education, 14, No.7 (September 1943), pg. 358.

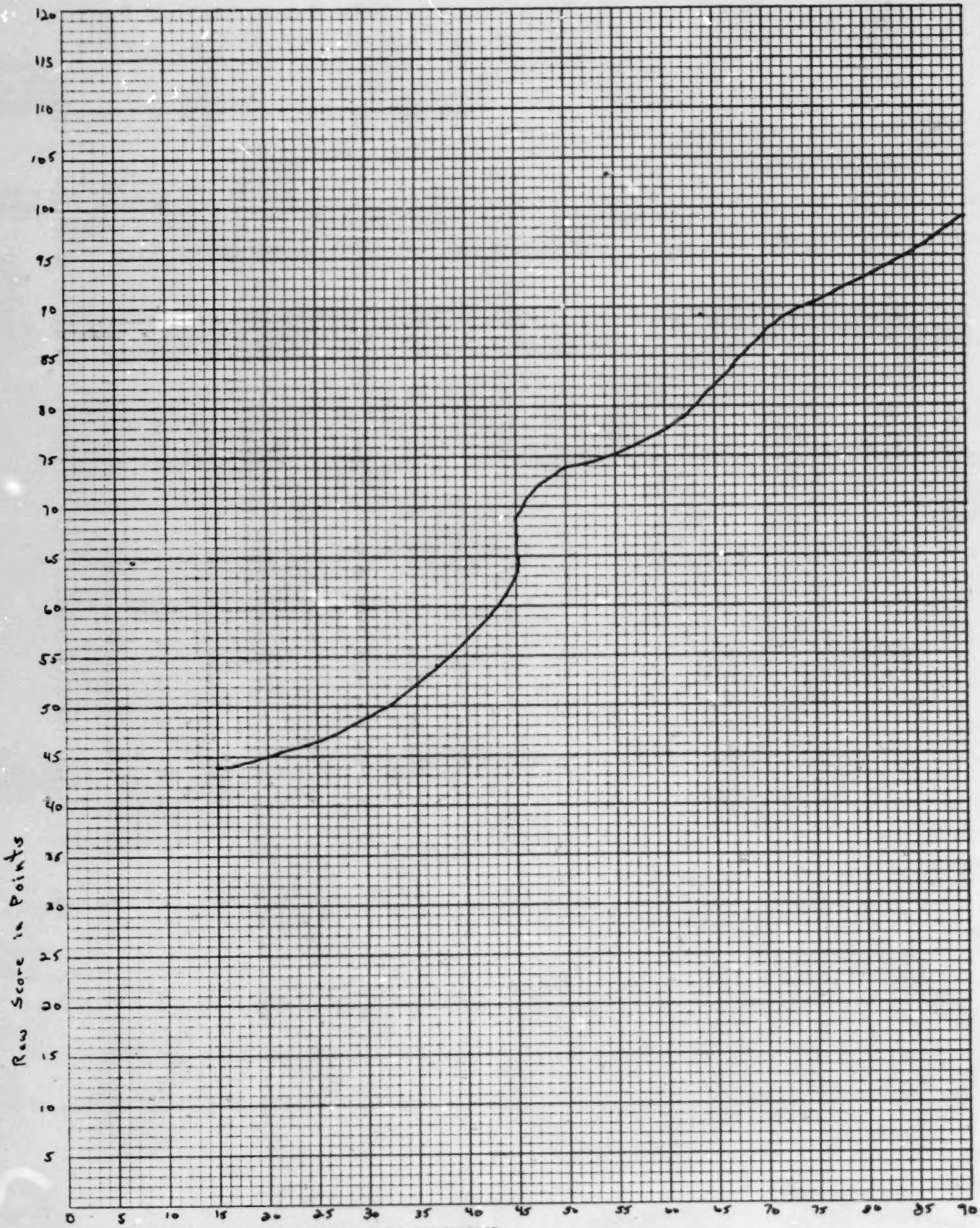
The following tables show the percentiles of each raw score. An ogive curve graphing the cumulative percentange frequencies and the corresponding upper limits of each interval was drawn up for a pictorial representation of the data.

x	f	d	fd	$(fd)^2$	PCF	Percentiles
109		39	39	1321	39	98.75
107		37	37	1369	38	96.25
105		35	35	1225	37	93.75
101		31	31	961	36	91.25
99	2	29	58	3364	34	87.50
96		26	26	676	33	83.75
94		24	48	2304	31	78.75
93		23	23	529	30	76.25
90		20	20	400	29	73.75
89		19	19	361	28	71.25
87		17	17	289	27	68.75
80	2	10	20	400	25	65.00
78	3	8	24	5376	22	58.75
76		6	6	36	21	53.75
75		5	5	25	20	51.25
70	2	0	0	0	18	38.00
61		9	-9	81	17	43.75
59		11	-11	121	16	41.25
57		13	-13	169	15	38.75
54	2	16	-32	1024	13	35.00
51		19	-19	361	12	31.25
48	2	22	-44	1936	10	27.50
46	3	24	-72	5184	7	21.25
45		25	-25	625	6	113.75
44	2	26	-52	2704	4	12.50
43		27	-27	729	3	8.75
42		28	-28	784	2	6.02
41		29	-29	841	1	3.75
40		30	-30	900	0	1.25
			E=17	34295		

N=40 Mean= 70
Standard Deviation= 29.3

x	f	cum f	cum % f
105-109	3	40	100.
100-104	1	37	92.00
95-99	3	36	90.00
90-94	4	33	82.00
85-89	2	29	72.00
80-84	2	27	67.00
75-79	5	25	62.00
70-74	2	20	50.00
65-69	0	18	45.00
60-64	1	18	45.00
55-59	2	17	42.00
50-54	3	15	37.00
45-49	6	12	30.00
40-44	6	6	15.00

OGIVE CURVE, A GRAPH OF THE CUMULATIVE PERCENTAGE Frequencies AND THE CORRESPONDING UPPER LIMITS OF EACH INTERVAL



CITADEL® NO. 640 - SCIENCE - 5 SQUARES TO CENTIMETER

Box 370
Laconia, New Hampshire
May 3, 1973

Harriet F. Stene
Consultant of Health and Physical Education
Department of Education
64 No. Main Street
Concord, N.H., 03301

Dear Mrs. Stene:

As you know, I am currently enrolled in a Master of Education program at Plymouth State College. As part of my requirement for Advanced Evaluation I have developed a test to measure the physical fitness of the retarded. To determine the validity of this test I wish to submit it to a jury of experts. I have chosen to ask you, Dr. Douglas C. Wiseman, and Emilio DeBrame, Director of Health and Physical Education Mamaroneck Public Schools, Mamaroneck, N.Y., to review my test in relation to validity.

Enclosed you will find an addressed postal card with an area indicating whether or not you can review my test. Please check the appropriate space.

Thank you for your time and consideration. Your efforts are truly appreciated.

Sincerely,

Albert Rose

Albert Rose

Name: _____ Date: _____

	Points
Eye Hand Coordination	
Eye Foot Coordination	
Balance	
Agility	
Static Arm Strength	
Static Leg Strength	
Static Trunk Strength	
Explosive Strength	
Extent Flexibility	
Dynamic Flexibility	
Cardio-Respiratory Fitness	
Cooperation	
Self control	
Total	

Examiner: _____

___ Yes. I will be able to review your paper.

___ No. I will not be able to review your paper.

CONCLUSION

Lack of time attributed to the number of students measured being only forty. Higher reliability and more accurate norms will be found after the author has measured hundreds of retardates.

The respesentative literature clearly shows a positive direction of the value of physical education for the retarded. Unfortunately, our society has waited for too long a period of time before implementing this type of activity in the realm of mental retardation.

The author recommends lowering the level of test ability, performance expectations in this area. Most literature in physical education for the retarded is geared to the most capable retardates in our institutions leaving out the major portion of residents.

The retardate is not a flexible individual. Accordingly, he needs a test that can adapt to him. Evaluative devices prepared in this area should be pliant.

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